

# Janssen (Johnson & Johnson) COVID-19 Vaccine Form

\_\_\_\_\_  
Last name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Gender

Ethnicity:  Hispanic  Not Hispanic  Unknown

Race:  White  African American  American Indian  Asian  Other

- I certify that I am (a) the patient and at least 18 years of age; (b) the legal guardian of the patient and confirm that the patient is at least 18 years of age or (c) authorized to consent for vaccination for the patient named above. Further, I hereby give my consent to administer the COVID-19 Vaccine.
- I understand that this product has not been approved or licensed by FDA, but has been authorized for emergency use by FDA, under an EUA to prevent Coronavirus Disease 2019 (COVID-19) for use an individuals 18 years of age and older; and the emergency use of this product is only authorized for the duration of the declaration that circumstances exist justifying the authorization of emergency use of the medical product under Section 564(b)(1) of the FD&C Act unless the declaration is terminated or authorization revoked sooner.
- I understand that it is not possible to predict all possible side effects or complications associated with receiving vaccine(s). I understand the risks and benefits associated with the above vaccine and have received, read and/or had explained to me the Emergency Use Authorization Fact Sheet on the COVID-19 vaccine I have elected to receive. I also acknowledge that I have had a chance to ask questions and that such questions were answered to my satisfaction.
- I acknowledge that I have been advised to remain at the vaccination location for approximately 15 minutes after administration for observation. If I experience a severe reaction, call 9-1-1 or go to the nearest hospital.
- On behalf of myself, my heirs and personal representatives, I hereby release and hold harmless the vaccination location, and their staff, agents, successors, divisions, affiliates, subsidiaries, officers' directors, contractors, and employees from any and all liabilities or claims whether known or unknown arising out of, in connection with, or in any way related to the administration of the vaccine listed above.
- I acknowledge that: (a) I understand the purpose/benefits of Texas's immunization registry and my personal immunization information will be shared with the Centers for Disease Control (CDC), local, state, and/or other federal agencies, or medical providers.
- I understand that I am responsible for reviewing the Fact Sheet for Recipients and Caregivers by visiting the website [www.janssencovid19vaccine.com](http://www.janssencovid19vaccine.com) or visit [www.modernatx.com/covid19vaccine-eua](http://www.modernatx.com/covid19vaccine-eua) prior to receiving the Janssen or Moderna COVID-19 Vaccine.

\_\_\_\_\_  
Signature of patient/Authorized representative

\_\_\_\_\_  
Date

Vaccine	Manufacturer	Dosage	Site of Administration	Lot Number	Expiration Date
Janssen	Johnson and Johnson	0.5 cc			

Reviewed by Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_